

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

### APPLICATION FOR TRANSFER OF CEMETERY SALESPERSON LICENSE

TYPE OR PRINT IN INK

#### SECTION A: TO BE COMPLETED BY APPLICANT

ENTER YOUR LAST NAME,  
FIRST NAME, MIDDLE INITIAL \_\_\_\_\_

ENTER THE ADDRESS AT WHICH  
YOU RESIDE.

A POST OFFICE BOX ALONE IS NOT  
SUFFICIENT FOR LICENSING

Number Street Apartment Number

City State Zip Code

DATE OF BIRTH

\_\_\_\_\_  
month day year

DAYTIME TELEPHONE NUMBER

( )

ENTER YOUR SALESPERSON  
LICENSE NUMBER

#### *APPLICANT MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC.*

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws and rules of the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public (Seal)

\_\_\_\_\_  
Date Commission  
Expires

#### For Receipting Use Only

**APPLICATION FEE:** Please make check payable to Department of Regulation and Licensing and attach to this application.

☐ \$10.00 Fee

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**SECTION B: MARK AN X IN THE APPROPRIATE BOX AND COMPLETE BLANK, IF APPLICABLE:**

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Reason for completing this form:

- ☐ I am transferring from the employment of \_\_\_\_\_  
to the cemetery authority listed below.
- ☐ I will work for more than one employing cemetery authority and the cemetery authority listed below  
is in addition to the employing cemetery authority or authorities in the department already has on  
record.

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**SECTION C: TO BE COMPLETED BY PROSPECTIVE EMPLOYING CEMETERY AUTHORITY**

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ENTER NAME OF EMPLOYING  
CEMETERY AUTHORITY EXACTLY AS  
IT APPEARS ON THE EMPLOYER'S  
LICENSE CERTIFICATE.

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OFFICE USE ONLY

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ENTER THE LICENSE NUMBER OF THE  
EMPLOYING CEMETERY AUTHORITY  
NAMED ABOVE.

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ENTER MAIN OFFICE TELEPHONE NUMBER (       )

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ENTER THE BUSINESS ADDRESS OF  
THE MAIN OFFICE OF THE  
EMPLOYING CEMETERY AUTHORITY

Number

Street

City

State

Zip Code

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*This statement must be signed by a corporate officer of the employing Cemetery Authority.*

**This is to certify** that I will assume responsibility for the applicant pursuant to the Department rules.

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Last                      First                      Initial                      Title

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Signature                      Date

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